

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

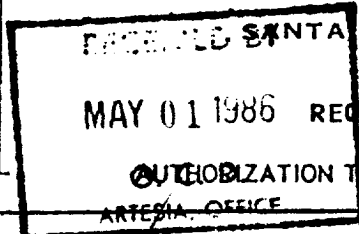
Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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PROMOTION OFFICE	<input type="checkbox"/>

OIL CONSERVATION DIVISION

P. O. BOX 2088

ALBUQUERQUE, NEW MEXICO 87501



I. Operator  
Cantro Exploration, Inc.

Address  
909 N.E. Loop 410, Ste-711, San Antonio, Texas 78209

Reason(s) for filing (Check proper box) Other (Please explain)

<input checked="" type="checkbox"/> New Well	Change in Transporter of:
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Hanson Federal	Well No. 2	Pool Name, including Formation North Hackberry - Y. SR.	Kind of Lease State, Federal or Fee Federal	Lease No. NM0557729
Location				
Unit Letter <u>P</u> : <u>430</u> Feet From The <u>South</u> Line and <u>390</u> Feet From The <u>East</u>				
Line of Section <u>20</u> Township <u>19S</u> Range <u>31E</u> , NMPM, <u>Eddy</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Navajo Refining Company	Address (Give address to which approved copy of this form is to be sent) 501 East Main St., Artesia, New Mex. 88210
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>20</u> Twp. <u>19S</u> Rge. <u>31E</u>	<u>Post FD-2</u> <u>5-23-86</u> <u>Comp &amp; BK</u> <u>(Y)</u>

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

Robert M. Greer  
(Signature)  
President  
(Title)  
4-27-86  
(Date)

OIL CONSERVATION DIVISION

MAY 22 1986

APPROVED \_\_\_\_\_, 19\_\_\_\_  
BY Original Signed By  
Mike Williams  
TITLE Oil & Gas Inspector

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

#### IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well XX	Gas Well	New Well XX	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded 1-31-86	Date Compl. Ready to Prod. 4-17-86		Total Depth 2332'		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.) 3481' G.L.	Name of Producing Formation Yates-Seven Rivers		Top Oil/Gas Pay <del>2330'</del> 2317'		Tubing Depth 2032.51'				